

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

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|-------------------------|-------------|
| SERIAL NO. 101349433 | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | | 2 | 13 | 2 | | |
| TOTAL CLAIMS | | | 15 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | 2 | | | |
| TOTAL DEP. | | 2 | 13 | 2 | | |
| TOTAL CLAIMS | | | 15 | | | |

BEST AVAILABLE COPY